

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015584

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED MAY 1962

Primary Registration District No.

3026

Registrar's No.

199

VS 300
Rev. 4/59

1 7085

2 7085

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4 1

5 0

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7 0

8 2

9 444X

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11

12 86-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crestview Nursing Home		d. STREET ADDRESS (If outside, give location) 709 N. Liberty Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MISS MARY Middle CORTUNA Last FRANKS		4. DATE OF DEATH Month April Day 21 , Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 16, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Receptionist		10b. KIND OF BUSINESS OR INDUSTRY Ball Clinic	11. BIRTHPLACE (City and state or country) Near Odessa, Mo.
13a. FATHER'S NAME Prier J. Franks		13b. MOTHER'S MAIDEN NAME Nannie Milan	14. NAME OF HUSBAND OR WIFE --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 9	17. INFORMANT Mr. James E. Mahan Address 12025 E. 49th, K.C., Mo.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atherosclerotic Heart Disease DUE TO (b) Hypertension & senility DUE TO (c) -- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) --			INTERVAL BETWEEN ONSET AND DEATH --
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) --	
20c. TIME OF INJURY Hour -- a.m. -- p.m. Month, Day, Year --			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) --	20f. CITY, TOWN, OR LOCATION --	COUNTY -- STATE --
21. I attended the deceased from Dec 27, 1961 to 4/21/62 and last saw her alive on 4/21/62 Death occurred at 7⁰⁰ P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Eileen H. Jones O.O. (Describe or title)		22b. ADDRESS 227 E. College Dr. Ind. Mo.	22c. DATE SIGNED 4/22/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 24, 1962	23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	23d. LOCATION (City, town, or county) (State) Independence, Missouri
24. FUNERAL DIRECTOR OTT & MITCHELL, Indep., Mo.		25. DATE RECD. BY LOCAL REG. 4-23-62	26. REGISTRAR'S SIGNATURE Alba L. Craig

MAY 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me;

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry H. Mitchell
Licensed Embalmer No. 3925

P. O. Address Ind. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT; he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

4-23-62